

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27941

1. Entity Name

CHABAD OF PINELLAS COUNTY, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90436 006 ****61.25

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 3696 FISHER RD PALM HARBOR FL 34683 US | C/O ROBERT L TANKEL 1299 MAIN ST STE F DUNEDIN FL 34698-5333 US |



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|----------------------------------|--|
| 4. FEI Number | Applied For |
| 59-2905025 | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

TANKEL, ROBERT L E
1299 MAIN ST
SUITE F
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | ADLER, SHALOM | |
| STREET ADDRESS | 708 SAMANTHA DR | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | KREISLER, LEON | |
| STREET ADDRESS | 1000 ROYAL BIRKDALE DRIVE | |
| CITY-ST-ZIP | TARPON SPRINGS FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BROWN, IRVING | |
| STREET ADDRESS | 110 CLAY'S TRAIL | |
| CITY-ST-ZIP | OLDSMAR FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KATZ, CHARLES | |
| STREET ADDRESS | 3423 MERMOOR DR #205 | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ADLER, CHANIE | |
| STREET ADDRESS | 708 SAMANTHA DR | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BENET, GAIL | |
| STREET ADDRESS | 3831 BROOKSWORTH AVE | |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURES REQUIRED APR 13 2000 (727) 789-0381
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)